

<i>SERFF Tracking Number:</i>	<i>MASS-126189479</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Massachusetts Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42665</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L03I Individual Life - Special</i>	<i>Sub-TOI:</i>	<i>L03I.000 Individual Life - Special</i>
<i>Product Name:</i>	<i>TLIR</i>		
<i>Project Name/Number:</i>	<i>TLIR/TLIR</i>		

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: TLIR

SERFF Tr Num: MASS-126189479 State: Arkansas

TOI: L03I Individual Life - Special

SERFF Status: Closed-Approved-
Closed

Sub-TOI: L03I.000 Individual Life - Special

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Lynne Mahan, Robin
Perez, Jennifer Dube

Disposition Date: 06/18/2009

Date Submitted: 06/16/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: TLIR

Status of Filing in Domicile: Pending

Project Number: TLIR

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/18/2009

Explanation for Other Group Market Type:

State Status Changed: 06/18/2009

Deemer Date:

Created By: Lynne Mahan

Submitted By: Lynne Mahan

Corresponding Filing Tracking Number:

Filing Description:

Re: Massachusetts Mutual Life Insurance Company

NAIC #: 435-65935

FEIN #: 04-1590850

R20AR509 Temporary Life Insurance Receipt

The above-captioned form is being submitted for your review and approval. The form is described below. The form is in final print format. Final print copies of the form and any required certifications are attached.

<i>SERFF Tracking Number:</i>	<i>MASS-126189479</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Massachusetts Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42665</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L031 Individual Life - Special</i>	<i>Sub-TOI:</i>	<i>L031.000 Individual Life - Special</i>
<i>Product Name:</i>	<i>TLIR</i>		
<i>Project Name/Number:</i>	<i>TLIR/TLIR</i>		

R20AR509

When approved and implemented, this receipt will allow an applicant to apply for and receive temporary life insurance while we are evaluating their application for life insurance. As per the terms of the form, it provides insurability protection for changes in health after the application and all routine exams are completed as long as the client answers no to a couple of basic medical questions and pays the minimum premium for the policy applied for. It will be included as part of our application packages, but only needs to be completed when an applicant wishes to have temporary coverage. The form will replace previously approved form R10AR1106.

Typically, this Receipt will be completed in paper, but it may be completed electronically by the Producer in a personal meeting with the client when used with our new Individual Term Life Insurance Application which will be filed with your Department in the near future. When completed electronically it will be signed electronically by the client.

Company and Contact

Filing Contact Information

Lynne A. Mahan, Compliance Assistant	LMahan@MassMutual.com
1295 State Street	860-562-3462 [Phone]
M-381	860-562-6109 [FAX]
Springfield, MA 01111-0001	

Filing Company Information

Massachusetts Mutual Life Insurance Company	CoCode: 65935	State of Domicile: Massachusetts
1295 State Street	Group Code: 435	Company Type:
MIP: M381	Group Name:	State ID Number:
Springfield, MA 01111	FEIN Number: 04-1590850	
(800) 767-1000 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	Yes
Fee Explanation:	Massachusetts fee would be \$75.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>Filing Company:</i>	<i>Massachusetts Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42665</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L031 Individual Life - Special</i>	<i>Sub-TOI:</i>	<i>L031.000 Individual Life - Special</i>
<i>Product Name:</i>	<i>TLIR</i>		
<i>Project Name/Number:</i>	<i>TLIR/TLIR</i>		
Massachusetts Mutual Life Insurance Company	\$75.00	06/16/2009	28601525

SERFF Tracking Number: MASS-126189479 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 42665
Company Tracking Number:
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
Product Name: TLIR
Project Name/Number: TLIR/TLIR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/18/2009	06/18/2009

SERFF Tracking Number: *MASS-126189479* *State:* *Arkansas*
Filing Company: *Massachusetts Mutual Life Insurance Company* *State Tracking Number:* *42665*
Company Tracking Number:
TOI: *L031 Individual Life - Special* *Sub-TOI:* *L031.000 Individual Life - Special*
Product Name: *TLIR*
Project Name/Number: *TLIR/TLIR*

Disposition

Disposition Date: 06/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	MASS-126189479	State:	Arkansas
Filing Company:	Massachusetts Mutual Life Insurance Company	State Tracking Number:	42665
Company Tracking Number:			
TOI:	L031 Individual Life - Special	Sub-TOI:	L031.000 Individual Life - Special
Product Name:	TLIR		
Project Name/Number:	TLIR/TLIR		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Temporary Life Insurance Receipt		Yes

SERFF Tracking Number: MASS-126189479 State: Arkansas

Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 42665

Company Tracking Number:

TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special

Product Name: TLIR

Project Name/Number: TLIR/TLIR

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R20AR509	Application/ Temporary Life Enrollment Insurance Receipt Form	Initial		54.200	R20AR509.pdf



Temporary Life Insurance Receipt

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
1295 State Street, Springfield, Massachusetts 01111-0001

Person(s) Proposed for Life Insurance

Printed Name of Proposed Insured 1:

First Name Middle Initial Last Name Suffix

Printed Name of Proposed Insured 2 (if applicable):

First Name Middle Initial Last Name Suffix

This Temporary Life Insurance Receipt ("TLIR") is subject to the Terms and Conditions on the following page. Submission of this TLIR may provide limited temporary life insurance coverage for a limited period of time if the answer to each of the following health questions is "No". If any question is answered "Yes" or left blank, there is no life insurance coverage under the TLIR and no payment may be collected.

Health Questions	Proposed Insured 1	Proposed Insured 2
1. Has any Proposed Insured:		
A. Within the past two (2) years, been treated for or had treatment recommended by a health professional for Cancer, Heart Attack, Heart Disease, Chest Pain, Stroke, Alcohol or Drug Use, or Immune System Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Within the past 90 days, other than for a normal pregnancy or childbirth, been admitted to a hospital or medical facility, been advised to be admitted, or had surgery performed or recommended by a health professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does any Proposed Insured have medical tests or examinations scheduled in the next 90 days except for pregnancy or childbirth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agreements and Signatures

An amount of \$ _____ was received as payment on _____ .
Date

The individuals signing below agree that they have paid the amount indicated above and have received and read (or had read to them) the TLIR in its entirety. They understand and agree to its Terms and Conditions as stated on Page 2 of this TLIR. To the best of their knowledge and belief, the answers to all Health Questions stated above are complete, true, and were correctly recorded before they signed their names below.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

► Signed at: _____
City and State where Owner Signed

X _____
Signature of Proposed Insured 1 Date

X _____
Signature of Proposed Insured 2 Date

X _____
Signature of Owner Date

X _____
Signature of Producer Date



Temporary Life Insurance Receipt

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
1295 State Street, Springfield, Massachusetts 01111-0001

An amount of \$ _____ was received as payment for limited temporary life insurance on the life/lives of:

Printed Name of Proposed Insured 1:

First Name	Middle Initial	Last Name	Suffix
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Printed Name of Proposed Insured 2 (if applicable):

First Name	Middle Initial	Last Name	Suffix
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Received by:

X _____	on _____
Signature of Producer	Date

Terms and Conditions

Summary. This Temporary Life Insurance Receipt (TLIR) provides a limited amount of temporary life insurance in accordance with the policy identified in the application for a limited period of time on the individual(s) proposed for insurance, subject to the terms and conditions of this TLIR. It does not guarantee that a life insurance policy will be issued and does not provide disability or waiver of premium benefits. This agreement is not applicable and no temporary insurance is available under this TLIR if it is issued in association with an application for a conversion or a guaranteed insurability option. No agent or individual is authorized to waive or alter the terms of this TLIR. As used herein, "the Company" refers to the Massachusetts Mutual Life Insurance Company, and "Application" refers to the application for the life insurance policy ("Policy") associated with this TLIR.

Payment and Return of Payment. Make all checks or other payments payable to MassMutual. Do not make any checks or other payments payable to the producer or leave the payee section blank. The minimum payment required to pay for insurance coverage under the TLIR is the amount equal to a one-month premium under the policy applied for, regardless of the face amount applied for and the mode or frequency of payment selected for the proposed policy ("Minimum Payment").

Any premium amount greater than or equal to the Minimum Payment required may be collected to bind this TLIR. If a death benefit is due under the TLIR, the initial payment received will be retained by the Company in exchange for the limited insurance provided; however, if the payment received was greater than the Minimum Payment required, the Company will return the excess amount to the owner. If no death occurs while this temporary insurance is in force and a Policy is issued, the payment received will be applied towards the first Policy premium. If no death occurs and no Policy is issued, or the temporary insurance is terminated, the payment received will be returned to the owner.

Insurability Protection. Subject to the restrictions contained in this paragraph, any health changes that occur after the latest of (1) the date the Application Part 1 and Part 2 have been completed and signed, or (2) the date this TLIR has been completed and signed and the Minimum Payment required with it has been received, or (3) the date that any required medical examination(s) and tests are completed will not be considered in determining whether to issue the Policy for which the Proposed Insured has applied. The Company reserves the right to limit coverage under the Policy, based upon its assessment of any such changes in health, to the lesser of (1) the amount applied for, or (2) \$1,000,000. Insurability Protection does not apply to any additional benefits or riders that provide coverage other than life insurance. No Insurability Protection coverage is provided if (1) the answer to any of the Health Questions is "Yes" or left blank, or (2) health changes are caused by self-inflicted injury.

Eligibility. Proposed Insured(s) are eligible for this TLIR and Insurability Protection if they are older than 15-days-old and younger than 75-years-old as of the date of this TLIR, and if the answer to all Health Questions is "No". If any question is answered "Yes" or left blank, there is no life insurance in force under this TLIR, no Insurability Protection is provided and no payment may be collected. If this TLIR is issued in conjunction with an Application for insurance on two individuals, and one individual answers "Yes" to any Health Questions, there is no life insurance in force under this TLIR for either individual and no Insurability Protection is provided for either individual, and no payment may be collected.

Start Date for Coverage. Insurance under this TLIR begins on the date of this TLIR if, and only if, the Minimum Payment has been collected and the Part 1 of the Application has been completed and signed on the same date or prior to the date of this TLIR. **However there is no life insurance coverage in force under this TLIR if the instrument submitted as payment is not honored or there are insufficient funds to pay the required Minimum Payment as set forth in the Payment and Return of Payment section, above.** Payments by wire transfer or payroll deduction are deemed collected when the required amount is received by the Company.

Stop Date for Coverage. Insurance and Insurability Protection under this TLIR will end on the earliest of:

- (1) 90 days following the start date;
- (2) 30 days following the start date if the Company has not received Part 2 of the Application and all initial underwriting requirements (internally published age & amount requirements);
- (3) The date the Company refunds the payment made or mails a notice indicating the temporary insurance is terminated (the Company may terminate this temporary insurance at any time);
- (4) The date the Application is withdrawn or the premium payer requests a refund of the payment made;
- (5) The date the owner or applicant refuses to accept the life insurance Policy issued; or
- (6) The effective date of the new life insurance Policy as described in the Part 1 Application.

Changes in the Amount Applied for After Issue. If pursuant to Provision 5 in the Stop Date for Coverage Section, coverage would end because the owner or applicant refused to accept the life insurance Policy issued and the owner or applicant has requested a change from the Policy originally applied for ("Change") to a different policy or combination of policies, this TLIR will continue for an additional 30 days from the date the owner or applicant refuses to accept the life insurance Policy issued and requests the Change, provided any additional amount necessary to meet the Minimum Payment has been collected.

Benefits. Upon receipt of due proof that the insured(s) died while this TLIR was in force, the Company will pay the benefit due under this TLIR to the beneficiary or beneficiaries named in the Application.

If more than one beneficiary is named under this TLIR and/or there are other TLIRs in force on the same insured(s), each beneficiary will receive a share of the TLIR benefit, subject to the maximum defined in the following paragraph, equal to his or her proportionate interest in the death benefit(s) that would have been payable had the policy or policies applied for been in force.

The maximum aggregate benefit payable under all TLIRs on the same insured(s), including this TLIR, is the lesser of (1) \$1,000,000, or (2) the total amount of life insurance currently applied for, including the death benefit applied for under any riders, and excluding any disability coverage. Regardless of the number of TLIRs in force for an Insured(s), the Company's coverage will be limited to the maximum aggregate benefit. The Company will pay only one benefit under a single TLIR regardless of the number of insureds named and deaths that occur. If two insureds are named on a single TLIR, a benefit is payable only upon the second death occurring during TLIR coverage.

At no time will individual(s) be eligible to receive benefits under both a TLIR and the life insurance policy issued in association with that TLIR.

Contestability and Suicide. The Company may contest the validity of the insurance coverage or Insurability Protection pursuant to this TLIR, and deny any benefit due, for any material misrepresentation of fact made on this TLIR or the Application, which includes the Part 1, the Part 2 and any amendments and supplements to either part. If a Proposed Insured commits suicide while the temporary insurance is in effect, no death benefit will be paid; the Company's only liability will be to return the initial payment received to the Owner named in the Application.

SERFF Tracking Number: MASS-126189479 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 42665
Company Tracking Number:
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
Product Name: TLIR
Project Name/Number: TLIR/TLIR

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Our Readability Certification is attached.		
Attachment:	AR Read Cert.pdf		
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	This is an application		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo		
Bypass Reason:	Not applicable to this Temporary Life Insurance Receipt submission.		
Comments:			

READABILITY CERTIFICATION

I hereby certify the accuracy of the flesch reading ease test score for the following policy forms. These forms are at least 10 (ten) point type, 2 (two) point leaded.

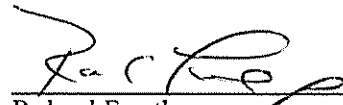
FORM NUMBER AND TITLE

FLESCHSORE

R20AR509 Temporary Life Insurance Receipt

54.2

Signature:



Roland Fawthrop
Second Vice President & Actuary

Date:

6/16/09